



Network Blue

Summary of Benefits

City of Somerville



An Independent Licensee of the
Blue Cross and Blue Shield Association

Your Care

Your Primary Care Physician.

Your primary care physician (PCP) is the first person you call when you need medical care. If your PCP determines that you need to see a specialist, you'll most likely be referred to a specialist affiliated with your PCP's hospital or group practice. This is because your PCP has a working relationship with these specialists. And, the fact that your PCP and your specialist can easily communicate helps to ensure the quality of your care. Your physician may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

Referrals You Can Feel Better About.

The bottom line for your Network Blue PCP is your health. Which is why, should you and your PCP decide you need a specialist, you'll be referred to the one your physician determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, tell your doctor. It's an important decision and the top priority is getting you healthy again.

Choosing a Primary Care Physician.

When you join HMO Blue, you choose a PCP for you and each member of your family. There are several ways to find a PCP: visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the *HMO Blue Directory of Providers*; or call our Physician Selection Service at **1-800-821-1388**. If you have trouble choosing a doctor, the Physician Selection Service can help. We can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Urgent Care.

This is care needed to treat an urgent medical condition that can wait for the time it takes to call your PCP for advice. Examples of urgent care are sprains, earaches, and high fever. If you need urgent medical care, call your PCP to arrange where you'll receive treatment. All Network Blue PCPs have 24-hour phone coverage, seven days a week.

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). There is a **\$25** copayment for emergency room services, which is waived if you're admitted to the hospital. Any necessary follow-up care must be arranged by your PCP.

When Outside the Service Area.

If you're traveling outside the service area and you need urgent or emergency care, you may go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. You, or someone on your behalf, must call Member Service within 48 hours (no call is needed if you go to an emergency room). And, any additional follow-up care must be arranged by your PCP.

Dependent and Student Benefits.

Network Blue covers your unmarried dependent children until age 19, or full-time students until age 26. Student coverage ends when the student turns 26, or marries, or on November 1 following the date the student discontinues full-time classes or graduates, whichever comes first.

The Network Blue Service Area.

All members must reside in the service area. Please see the Network Blue benefit description for a complete definition of the service area.

Your Medical Benefits

When you have Network Blue, you have the comfort of knowing you're covered in sickness, in health, in the hospital, and in emergencies. You have benefits with no waiting periods, no deductibles, virtually no claim forms, and minimal out-of-pocket expense. And, in case of an emergency, you have Blue Cross Blue Shield's immediate name recognition wherever you travel.

Covered Services	Your Cost
Outpatient Care	
Office visits	\$5 per visit
Well-child care	\$5 per visit
Routine checkups (including one gynecological exam per calendar year)	\$5 per visit
Emergency room visits (waived for observation stay or if admitted)	\$25 per visit
Maternity care	Nothing
Allergy injections only	Nothing
Diagnostic X-rays, laboratory tests, and other tests	Nothing
Oxygen and equipment for its administration	Nothing
Hearing exams	\$5 per visit
Routine vision exams (one exam every 12 months)	\$5 per visit
Family planning and infertility services	\$5 per visit
Preventive dental care for children under age 12 (one visit each six months)	Nothing
Home health care, including hospice care	Nothing
Durable medical equipment (such as wheelchairs, crutches, hospital beds) and repairs: Covered up to a maximum of \$1,500 per calendar year†	All charges beyond the calendar-year benefit maximum
Short-term rehabilitation therapy (physical and occupational): up to 60 consecutive days per condition*	\$5 per visit
Speech, hearing, and language disorder treatment	\$5 per visit
Prosthetic devices	20% of approved charges
Mental Health and Substance Abuse Treatment	
Biologically based conditions**	
Inpatient admissions in a general hospital or mental hospital	Nothing
Outpatient visits	\$5 per visit
Non-biologically based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing
Outpatient visits (up to 24 visits per calendar year)	\$5 per visit
Alcoholism treatment (in addition to non-biologically based mental conditions)	
Inpatient admissions in a general hospital	Nothing
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing
Outpatient visits (up to 8 visits per calendar year)	\$5 per visit

† No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

* No limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

** Treatment for rape-related mental or emotional disorders and treatment for children under age 19 are covered to the same extent as biologically based conditions.

Your Medical Benefits (continued)

Covered Services	Your Cost
Inpatient Care (including maternity care) Hospital care (as many days as medically necessary)	Nothing
Care in a skilled nursing facility (up to 100 days per calendar year)	Nothing
Care in a rehabilitation hospital (up to 60 days per calendar year)	Nothing
Prescription Drug Benefit At designated retail pharmacies (up to a 30-day formulary supply for prescription/refill or supply)	\$5 for generic \$10 for brand-name
Through mail service drug program (up to a 90-day formulary supply for prescription/refill or supply)	\$5 for generic \$10 for brand-name

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. Call us at **1-800-782-3675** to receive our *Healthy Blue* booklet, which outlines these special programs.

LIVING HEALTHY <i>Babies</i> ®	No charge
A Fitness Benefit toward membership at a health club (see your benefit description for details)	\$150 per year, per individual/family
Living Healthy® Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Living Healthy® Naturally—discounts on different types of complementary and alternative medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on bluecrossma.com —to help you manage your health care	No charge

Questions? Call 1-800-782-3675.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at **www.bluecrossma.com**.

Limitations and Exclusions. These pages highlight some of the benefits under your Network Blue plan. The benefits described are covered when arranged by your primary care physician and coordinated by Network Blue. Your benefit description defines the terms and conditions of your coverage. Should any questions arise concerning benefits, the benefit description will govern. Some of the services the plan doesn't cover are: custodial care; cosmetic surgery; eyeglasses; hearing aids; most dental care; services by a chiropractor; and any services covered by workers' compensation. For a complete list of limitations and exclusions, please refer to your benefit description.

Please note: Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payment only and does not assume financial risk for claims.